

OCS PACKET CHECKLIST

NAME _____ SSN _____ UNIT: _____

_____ Birth Certificate Age at commissioning: _____

_____ Proof of Citizenship (If applicable)

_____ Name Change Document (**Marriage License, court documents, etc**) If applicable

_____ Chapter 2 Commissioning Physical

Date: _____ HIV _____ Drug _____ Alcohol _____

Waiver Required? _____ Date Requested _____

_____ Annual Medical Certificate (If Physical over 12 months)

_____ Official College Transcript (60 ch State, 90 ch Accelerated OCS)

_____ Semester Hrs _____ Qtr Hrs _____ Degree _____

_____ GT Score (110 or higher) annotated on DA 2-1 or 714A Score: _____

_____ DD 214, DD 220, NGB 22, IRR Dsch Orders (all with RE Code)

_____ OCS State Enlistment Option DD Form 1966

Prior Svc? _____ NPS? _____

_____ Security Memorandum/JPAS for Interim/SECRET

_____ Legal Amnesty Form

Waiver required? _____ Reason: _____

Date Submitted: _____ Date Approved: _____

_____ NGB Form 62E (draft)

_____ PQR, ETS: _____

_____ SSN Card

_____ Officer Preference Sheet